

## MANAGEMENT OF CANCER PAIN, CLINICAL PRACTICE GUIDELINE NO. 9

A. Jacpx, D. B. Carr, R. Payne, et al

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Usually I take the opportunity afforded to me in this journal to review and recommend expensive anesthesia-related texts that may be unfamiliar to many dentists in the hope that they will broaden the scope of their practices and enhance interest in literature beyond a basic level. This review is an exception only in the sense that the material I would like to bring to your attention is free—courtesy of the US Department of Health and Human Services. Do not be mistaken, for despite its attractive price, the information is current, useful, and scientifically valid for dentistry as well as medicine.

The Agency for Health Care and Policy Research (AHCPR) was established in 1989 to enhance the quality, appropriateness, and effectiveness of health care services and access to these services. As an integral part of its mission, AHCPR also is responsible for facilitating the development, periodic review, and updating of clinical practice guidelines to assist practitioners in the prevention, diagnosis, treatment, and management of clinical conditions. These guidelines are systematically developed statements to assist practitioners and patients in making decisions for specific clinical conditions. The panels are composed of independent, multidisciplinary experts employing an explicit, science-based methodology. The final recommendations are primarily based on an extensive review of the scientific literature, peer and field review. These guidelines are dynamic in the fact that they reflect the current state of knowledge. Given the constant advances in medical knowledge, periodic review and updating is a necessity.

Clinical Practice Guideline No. 1, *Acute Pain Management: Operative or Medical Procedures and Trauma*, was released in 1992. It recognized the fact that approximately half of all postoperative patients did not receive adequate pain relief. Postoperative pain contributes not only to patient discomfort, but to longer recovery periods, greater use of scarce health care resources, and compromised patient outcomes. The guideline begins with a comprehensive review of options to prevent and control postoperative pain. Both the pharmacologic and nonpharmacologic options for pain control are examined in great detail, and this chapter alone is worth procuring a copy. Site-specific pain control is then investigated, including head and neck, dental, chest, ab-

dominal, musculoskeletal, and soft tissue surgery. The underappreciated areas of the management of postoperative and procedural pain in infants, children, and adolescents are discussed, including critical questions regarding the adequacy of pain management strategies in this population. The guideline concludes with a chapter on patients with special needs such as the elderly and known or suspected substance abusers.

I also found the appendixes extremely useful and well-organized, particularly the dosage tables for adult and pediatric patients, methods for pain assessment, and relaxation exercises. I recommend this review to the entire spectrum of health care professionals, for its appeal and subject matter are universal. It is a shame that the lay public is not generally aware of this type of publication, for it would make them truly informed and make them understand the problems and existing options in postoperative pain control. To order: AHCPR Clearinghouse 1-800-358-9295 or write: Center for Research Dissemination and Liaison, AHCPR Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907.

Clinical Practice Guideline No. 9, *Management of Cancer Pain*, reflects the fact that cancer is diagnosed in over 1 million Americans annually and that 1400 die each day from cancer. Despite all of the recent pharmacologic advances in new drugs and routes of administration and a greater understanding of basic mechanisms of pain, pain control remains a significant problem for patients with cancer. This guideline has taken the process and methodology generated by the publication of Guideline No. 1 into a comprehensive overview of the assessment and management of cancer pain. Interventions described include the use of (a) analgesics and adjuvant drugs; (b) cognitive/behavior strategies; (c) physical modalities; (d) palliative radiation and antineoplastic therapies; (e) nerve blocks; and (f) palliative and ablative surgery. Besides providing important information and consensus on technique, the strength of this guideline is also based upon its overall focus on the real cost of cancer pain suffering, disability, and destruction of the quality of life.

The chapters are well-organized and well-written and cover in detail every aspect of cancer pain control. The chapters on pain assessment, pharmacologic management, and pain in special populations such as the elderly are especially noteworthy. Tables and figures are useful and succinct and provide additional information to back up recommendations in the text as well as explain concepts that may be new to some practitioners.

To me, Guideline No. 9, *Management of Cancer*

*Pain*, is an example of what a dedicated group of experts and caregivers can achieve when they are truly focused on an immediate clinical goal guided by scientific principles and methodology. It sets the standard for evaluating clinical decisionmaking for a difficult and diffuse condition that affects all of our practices. I highly recommend it to any clinician who works with oncology patients in any setting to understand the assessment and treatment of pain and its associated symptoms. It also provides, in my estimation, the best concise review of

current pain control modalities available today. To order: National Cancer Institute 1-800-4-CANCER or write: AHCPR Clearinghouse, Cancer Pain Guideline, P.O. Box 8547, Silver Spring, MD 20907.

Morton Rosenberg, DMD  
Tufts University Schools of Medicine and  
Dental Medicine  
New England Medical Center  
Boston, Massachusetts